

2016-2017 North Dakota Comprehensive Cancer Control Program Sub-Contract Project Appendices

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Appendix 1 – Evidence-Based, Insufficient Evidence and Evidence-Informed Interventions

As the evidence in the cancer prevention and control literature on effective interventions increases, programs should consider utilizing relevant evidence-based or evidence-informed interventions in their plans and implementing them.

Evidence-based: The systematic review of available studies that provides strong or sufficient evidence that the intervention is effective.

Insufficient evidence: The available studies do not provide sufficient evidence to determine whether the intervention is, or is not, effective. This does NOT mean that the intervention does not work, just that additional evaluation is needed to determine whether or not the intervention is effective.

Evidence-informed: Evidence-based interventions may not always work in specific situations without making adaptations to elements of the strategy that would not affect the projected outcome. When adaptations are made to evidence-based interventions, they are no longer considered evidence-based, but are instead considered evidence-informed.

To learn more about guidelines and recommendations for evidence-based practice, go to:

- Guide to Community Preventive Services (The Community Guide)
<http://www.thecommunityguide.org/>
- United States Preventive Services Task Force (USPSTF)
<http://www.ahrq.gov/clinic/uspstfix.htm>
- The National Comprehensive Cancer Network: <https://www.nccn.org/>
- National Guideline Clearinghouse (AHRQ) <http://www.guideline.gov/>

Appendix 2 – Recommended Evidence-Based Interventions Addressing North Dakota’s Cancer Control Priorities for Subcontract Projects

Prospective sub-contract applicants are encouraged to focus on projects that use the North Dakota Burden of Cancer and the 2011-2016 North Dakota Cancer Control Plan as guides. The project narrative of the proposal must demonstrate a connection to cancer prevention and control and the project. All proposals **MUST** include Policy, System, and Environmental Change Approaches (PSE) within the action plan. Proposed PSE strategies need to demonstrate work toward or completion of a policy, system or environmental change.

Prevention (grants are available up to \$7,000 unless otherwise noted)

Prevention projects must demonstrate a strong connection between the prevention topic and cancer prevention. The prevention areas that may receive funds include obesity prevention, UV protection, and HPV vaccination/prevention.

Funding specifications

- Two \$2,500 and one \$2,000 subcontract will be awarded in the area of increasing physical activity in worksites. Reporting will be adapted to meet the needs of shorter project timelines. Other worksite projects that focus on interventions not solely related to physical activity or are larger in scale may request up to \$7,000.
- Up to \$1,500 will be awarded for projects that are exclusively performing a Health Risk Assessment.

Examples of projects include, but are not limited to:

1. Obesity prevention
 - a. Worksites
 - i. Promote access to healthy foods and exercise by establishing a comprehensive worksite wellness policy. Activities may include work toward policies to establish a wellness program and promoting healthy food at meetings, access to healthy food at the worksite, use of break times for exercise, walking programs, walking/standing meetings, etc.
 - ii. Increase support for breastfeeding as part of a comprehensive worksite wellness program, and/or focus on increasing the number of businesses that apply for the infant-friendly worksite designation.
 - iii. Include Health Risk Assessments as a part of a comprehensive worksite wellness program.
 - b. Schools
 - i. Promote access to healthy foods by working to revise school wellness policies. Policy could address concessions, incentives in the classroom, fundraising, school parties and school stores.
 - ii. Promote increased physical activity via policy changes. Policy could address integrating physical activity in the classroom, recess time, quality and quantity of physical education classes, increased opportunities for extracurricular physical activity, and promoting walking and biking to school.
 - c. Community
 - i. Promote access to healthy foods by increasing accessibility to farmers markets and/or community gardens.
 - ii. Increase availability of healthier food (including fruits and vegetables) and beverages in public service venues
 1. **Free Technical Assistance to be provided by the ANCHOR Program Healthy Community Regional Team Lead**
 - iii. Enhance infrastructure for walking (and bicycling) in a community by assessing the walkability of your community, educating decision makers on the importance of improving community walkability, and participating in community planning regarding community walkability.

2. Sun protection:
 - a. Provide education in schools, worksites, and/or other community settings about the link between UV radiation exposure and skin cancer.
 - b. Implement sun protection strategies and education in recreational settings. Consider projects with other partners, such as Parks and Recreation programs and camps. This may include development of sun safe policies and manuals prior to the 2017 summer camp sessions.
 - c. Provide education and develop a UV Safety policy in occupational settings, such as law enforcement, construction, and farming.
 - d. Work with daycare providers to implement guidelines that provide sun protection.
3. HPV Prevention:
 - a. Provide HPV prevention education and strategies to increase the number of patients who complete the entire immunization series.
 - b. Implement school-based immunization clinics in underserved areas.

Cancer Screening (Grants are available up to \$7,000 unless otherwise noted)

1. Increase colorectal cancer screening. Proposed projects cannot pay for screening tests, appointments, or billable services.
2. Implement a project that provides education of screenable cancers, promotes screening and includes informed/shared decision making in worksites or at the community level.
 - a. Provide education regarding the current cancer screening guidelines.
 - i. Screening tests that are available for screenable cancers
 - ii. How to discuss cancer screening options with health care providers
 - b. Provide education about the possible risks and benefits of cancer screenings and include tools for informed decision-making with health care providers.
3. Partner with programs such as *Women's Way*, rural health services, public health clinics, tribal health/Indian Health Services and other state or local cancer screening programs to promote screening for the underinsured or uninsured.
4. Implement a project focused on male cancer screening and education. Male screening rates are lower than female rates for colorectal cancer. Cancer incidence and mortality rates are higher for men, according to the 2010 North Dakota Cancer Coalition Cancer Burden Study.
5. Promote screening for skin cancer in an effort to detect melanoma at the earliest stage.
 - a. Conduct community-based skin cancer screening events. Proposed projects cannot pay for office visits or skin exams, but can be used for educational materials.
 - b. If you are not able to provide cancer screening yourself, partner with a health care provider that can facilitate the screening process.
 - c. Plan to include education regarding self-examination and sun protection as part of any project.

Survivorship (Grants are available up to \$7,000 unless otherwise noted)

1. Develop and facilitate cancer survivorship programming for cancer survivors, caregivers, health care professionals, and the general public.
 - a. Conduct an education campaign for the general public regarding cancer survivorship and strategies that support cancer survivorship.

- b. Promote implementation and utilization of individualized cancer survivorship plans.
- c. Implement strategies to improve quality of life for survivors, such as wellness programming that includes physical activity, nutrition, and other survivorship components.

For examples of previously funded projects, visit the NDCC website at www.ndcancercoalition.org. Select the “Resources” tab and then ND CCCP sub-contract abstracts.

For questions on cancer plan priority areas or to discuss topics, email ndcc@nd.gov and the person best able to assist will contact you.

Appendix 3 – Estimating Total Budget Costs

When developing your 16-17 budget, please keep in mind the scope of your work and your ability to use the funds. You may request any amount of funds UP TO \$7,000. However, the ND CCCP may propose a budget change if the scope of the work is more or less than the budget requested.

Below are examples of estimated total budget costs for projects of varying scope.

Activity	Project Duration	Estimate Costs for:	Proposed Budget
Examples of smaller eligible projects: Single FluFit Event/Health Risk Assessment/ single worksite/school intervention	1-2 months	-Personnel Time -Printing -Media -Supplies	\$1,500- \$2,000
Examples of moderate length projects: Promote and educate about prevention/screening	2-4 months	-Meetings -Special Events -Travel	\$2,000- \$5,000
Example of comprehensive or implementation projects: Develop and implement system or policy change to improve screening rates	6-9 months		\$5,000- \$7,000

Appendix 4– Scoring Information

Total points possible: 100 points (plus an additional 10 bonus points)

1. Following Format Guidelines (up to 5 points)

2. Project Narrative (up to 40 points)

****Includes Statement of Need and Capacity and Project Description**

Statement of Need and Capacity (up to five points)

This section should clearly define the nature and scope of the geographical area and the need of the target population.

1. Described the geographical area and target population you plan to reach – 0 points awarded, but it is mandatory to address this
Statement regarding project history (Is this a new project? If it is a previously funded project, include the number of consecutive years the project has received funding) – 0 points awarded, but is mandatory to address
2. Described the identified need(s) of your target population – 3 points
3. Describe the capacity and prior experience to implement the proposed project – 2 points

Project Description (up to 35 points)

This section should link the core of the problem (statement of need) that will be addressed through the project to the project goals. Activities should be in logical order and describe in detail how the proposed project will work.

4. Identified goal(s) – up to 5 points
5. Identified NDCC cancer plan objectives and strategies that will guide the implementation of the project – up to 5 points
6. Identified PSE approaches/activities that will be incorporated into project – up to 10 points
7. Sustainability of the project beyond the funded project period – 5 points
8. Identified other partnering individuals/organizations and their role in the project – up to 5 points
9. Identify at least two project objectives and/or strategies that you plan to evaluate and explain why – up to 5 points

3. Project Action Plan (up to 35 points) (see example action plan in Appendix 6)

This section should lay out the project implementation process. The proposed action plan must address the following:

1. Developed goals that are broad generalized statements about what is to be accomplished – up to 5 points
2. Developed SMART objectives – up to 5 points
3. Identified specific strategies, resources needed, time line to complete, team member(s) responsible – up to 10 points
4. The extent to which evidence-based interventions are used within the application – up to 5 points
5. Identified strategies that include PSE approaches – up to 10 points

4. Project Budget (up to 18 points) (see example budget in Appendix 5)

1. The extent to which there is in-kind support for the project – up to 5 points
2. The extent to which the sub-contract grant funds requested relate to project goal – up to 5 points
3. Extent of adequate justification for budget items – up to 4 points
4. Identified all budgetary items specific in regard to cost per item and the total number of items/services etc. projected for use during the grant period – up to 4 points
5. If purchase of incentives is requested with project funds, the appropriate incentive request form is completed and is included with the proposal budget. No points are awarded for incentive requests.

5. Letters of Support (up to 2 points)

6. Bonus Points (up to 10 points)

Additional points will be awarded for proposals addressing the following:

1. New projects/grantees – up to 5 points
2. Proposals that address disparate (low income and minority) populations - up to 5 points
 - a. Examples of low income can include, but are not limited to, participation in SNAP, WIC and Medicaid

APPENDIX 5

The Application includes the final reporting columns. For the purpose of the application you must complete the three columns shown below.

SAMPLE ESTIMATED PROJECT BUDGET AND JUSTIFICATION

Organization Name and Project Title: INSERT YOUR ORGANIZATION HERE

Category	Subcontract Funding Requested	In-kind Contributions
Printing, copying (average cost is \$.05/sheet) Itemized description: 150 fact sheets at .05 = \$7.50 300 brochures at .30 = \$90.00 400 Lunch and Learn Invitations at .45=\$180	\$277.50	50 client reminder cards donated by health care providers at .25=\$12.50 50 evaluation surveys donated by health care providers at .10=\$5.00
Justification: Printing costs will be incurred to produce the invitations and educational materials for the lunch and learn events. Area health care providers have agreed to donate the client reminder cards and surveys to be filled out by clients.		
Supplies (e.g., purchase of materials, etc.) Itemized description: Postage for Lunch and Learn Invitations - 400 at .45 = \$180.00	\$180.00	-Postage for client reminders to be donated by health care providers – 50 reminders at .45 = \$22.50
Justification: Postage is needed to invite people to the lunch and learn events.		
Meetings (e.g., facilities/associated costs; mileage @ .55/mile) Itemized description: -6 meeting rooms at \$200 each = \$1,200.00	\$1,200.00	-Noon meal costs of \$7.50/person x 150 participants (donated by oil company sponsor) = \$1,125.00
Justification: Meeting room fees at the area employers are required to host the lunch and learn events. The identified oil company will donate the costs for the noon meal for all participants.		
Special events: (e.g., educational sessions, focus groups, etc.) Itemized description:		
Justification:		
Professional hourly wage Itemized description: Salary/fringe benefits for Jane Doe, project manager - \$35/hour at 60 hours = \$2,275.00	\$2,275.00	Salary/fringe benefits for administrative support staff to assist with development of invitations, mailing, lunch and learn scheduling, etc - \$25/hour at 10 hours = \$250.00
Justification: Jane Doe will be the lead person for implementation of this project and will teach all of the lunch and learn sessions. She will work with the employers hosting the lunch and learn sessions to organize and carry them out. She will also spend a significant amount of time working with local health care providers to ensure a streamlined process for implementation on their end. The administrative assistant is needed to assist with		

various clerical duties necessary to move the project forward.		
Other Expenses Itemized description: Client incentives (grocery store gift cards) – 50 incentives at \$25 = \$1,250.00	\$1,250.00	Television advertisements donated by local stations encouraging HPV vaccination – 25 ads at \$30 = \$750
Justification: Grocery store gift cards will increase likelihood that parents will begin their children on the HPV vaccination series.		
Subtotals:	Total: \$5,182.50	Total: \$2,165.00

APPENDIX 6
2016-2017 NORTH DAKOTA COMPREHENSIVE CANCER CONTROL SUB-CONTRACT PROGRAM
SAMPLE ACTION/EVALUATION PLAN

Goal: To increase awareness and education of the link between HPV and certain types of cancer to parents of junior high and high school students and the general community in Dickinson.				
Objective 1: By May 2016, 100 parents of junior high school and high school age children will show a 25 percent increase in knowledge of the link between HPV and certain types of cancer.				
Specific Strategies (Activities Planned) to Accomplish the Objective	Resources Needed	Time Line to Complete	Team Member(s) Responsible	What Measure of Success is Expected with this Strategy?
Conduct 6 Lunch and Learn sessions at major Dickinson employers focused on HPV/cancer education (NDCCCP Plan – strategy 2, page 23). Sessions to be conducted at Dickinson Public Schools, Dickinson State University, St. Joseph's Hospital, TMI Systems, Wal-Mart and St. Benedict's Health Center.	-Speaker (Jane Doe) -Partner to supply lunch -brochures and educational material -Power Point presentation -Invitations & postage for the lunch and learn events -Rooms for the events	January – April 2015	-Jane Doe-project manager -Partner to supply lunch	Pre and post surveys will show an increase in knowledge of participants by 25 percent. 25 people in attendance at each event (total of 150 people)
Objective 2: By June 2016, 50 percent of age-appropriate children (who have not yet completed vaccination series) of parents who attended lunch and learn sessions will have begun the HPV vaccination series.				

Specific Strategies (Activities Planned) to Accomplish the Objective	Resources Needed	Time Line to Complete	Team Member(s) Responsible	What Measure of Success is Expected with this Strategy?
Identify parents with children who are appropriate for HPV vaccination.	Survey form Jane Doe	January – April 2015	-Jane Doe- project manager	90percent of lunch and learn participants complete survey
Provide a form for parents for health care provider to complete verifying either first or continuation of previously started HPV vaccinations to be returned for issuance of incentive.	-form for health care provider verification	January – May 2015	-Jane Doe -Health care providers	100 percent of participating parents/children return form to become eligible for incentive
Provide an incentive for the first 50 parents/children who begin vaccination series (evidence-based: The Community Guide; NDCCCP Plan – strategy 5, page 23).	grocery store gift cards redeemable for fruits and vegetables -health care providers	January – May 2015	-Jane Doe -Health care providers	50 incentives 90 percent of screening participants will complete evaluation survey and identify what prompted screening